



Region 2

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/17/2004

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000129247

INSTALLATION NAME:

DUANE READE INC STORE #112

INSTALLATION ADDRESS :

485 LEXINGTON AVE 1ST FLOOR
NEW YORK, NY 10017

MAILING ADDRESS :

440 9TH AVE - 9TH FLOOR
NEW YORK, NY 10001

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel: (212) 637-4106
Fax: (212) 637-3056

TO: DUANE READE INC STORE #112
or Current Occupant
ATTN: MICHAEL AMATO
440 9TH AVE - 9TH FLOOR
NEW YORK, NY 10001

call slugrid Sanchez 212-273-5700

NYR 12/16/04

New York

189

OMB# 2050-0175 Expires 12/31/2003

ENVIRONMENTAL PROTECTION AGENCY, REGION II
 2004 AUG 16 AM 10:21
 RCRA PROGRAMS BRANCH

MAIL THE COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 23) MARK CORRECT BOX(ES)	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report.		
2. Site EPA ID Number (See instructions on page 24)	EPA ID Number: <u>NYR 000 129 247</u>		
3. Site Name (See instructions on page 24)	Name: <u>Duane Reade INC. Store #112</u>		
4. Site Location Information (See instructions on page 24)	Street Address: <u>485 Lexington AVE.</u> City, Town, or Village: <u>New York</u> State: <u>New York</u> County Name: <u>New York</u> Zip Code: <u>10017</u>		
5. Site Land Type (See instructions on page 24)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (See instructions on page 24)	A. <u>5912</u> B. <u>7384</u> C. D.		
7. Site Mailing Address (See instructions on page 24)	Street or P. O. Box: <u>440 Ninth AVE, Ninth floor</u> City, Town, or Village: <u>New York</u> State: <u>New York</u> Country: <u>USA</u> Zip Code: <u>10001</u>		
8. Site Contact Person (See instructions on page 25)	First Name: <u>Michael</u> MI: Last Name: <u>Amato</u> Phone Number & Ext.: <u>212-273-5700 ext 5784</u> Fax Number (Optional): <u>212-273-2203</u>		
9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26)	A. Name of Site's Legal Owner: <u>CB RICHARD LUIS</u> Date Became Owner (mm/dd/yyyy): Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other B. Name of Site's Operator: <u>Duane Reade INC.</u> Date Became Operator (mm/dd/yyyy): <u>4/1/78</u> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

Please complete all sections of the form. Sign and send the form (with an original signature)
 To: Jack Hoyt, DEPP, US EPA, 290 Broadway, 22nd Floor, New York, NY 10007-1866

FEDEx

Please complete all sections of the form. Sign and send the form (with an original signature)
To: Jack Hoyt, DEPP, US EPA, 290 Broadway, 22nd Floor, New York, NY 10007-1866

OMB# 2050-0025 Expires 1/31/2006

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM			
1. Reason for Submittal (See Instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report			
2. Site EPA ID Number (page 14)	EPA ID Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div>			
3. Site Name (page 14)	Name: <u>Duane Reade Inc. store #112</u>			
4. Site Location Information (page 14)	Street Address: <u>485 Lexington Ave 47ST 1st floor</u>			
	City, Town, or Village: <u>new YORK</u>		State: <u>new York</u>	
	County Name: <u>new York</u>		Zip Code: <u>10017</u>	
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. <u>5912</u>		B. <u>7384</u>	
	C.		D.	
* 7. Site Mailing Address (page 15)	Street or P. O. Box: <u>440 north Ave, ninth floor</u>			
	City, Town, or Village: <u>new YORK</u>			
	State: <u>new York</u>			
	Country: <u>USA</u>		Zip Code:	
* 8. Site Contact Person (page 15)	First Name: <u>INGRID</u>		MI:	
	Phone Number: <u>212-273-5900</u>		Extension: <u>26704</u>	
* 9. Operator and Legal Owner of the Site (pages 15 and 18)	A. Name of Site's Operator: <u>Duane Reade Inc</u>		Date Became Operator (mm/dd/yyyy): <u>4/1/78</u>	
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
	B. Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy):	
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

1. Generator of Hazardous Waste
(Choose only one of the following three categories.)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity
- ☐ 5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) (refer to your State regulations to determine what is regulated). Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)

- ☐ 1. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
- ☐ 2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
- ☐ 4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 31)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D011						

12. Comments (See instructions on page 11)

Continued on page 217

13 Certification. I certify under penalty of law that this document contains no information that is exempt from public release.

Signature of owner, operator, or an
authorized representative

Date Signed
(mm/dd/yyyy)

MICHAEL AMATO - PHOTOFINISHING

GENERAL MANAGER

8/13/04

RCRA Site Detail

Report run on: August 16, 2004 - 11:07 AM

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NYD986931939 TEACHERS INSURANCE & ANNUITY

Continued...

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Large Quantity Generator; State:

Transfer Facility: Unknown

Used Oil Activities

Other Hazardous Waste Generator Activities

Used Oil Transporter Activity

Off-Specification Used Oil Burner:

Unknown

Importer Activity: Unknown

Transporter: Unknown

Used Oil Fuel Marketer Activity

Mixed Waste Generator: Unknown

Transfer Facility: Unknown

Marketer who directs shipment
off-specification used oil to
off-specification used oil burner:

Unknown

Transporter Activity: Unknown

Used Oil Processor and/or
Re-refiner Activity

TSD Activity: No

Processor: Unknown

Marketer who first claims the used
oil meets the specifications:

Unknown

Recycler Activity: Unknown

Refiner: Unknown

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown

Underground
Injection Control:

Unknown

Destination Facility for
Universal Waste:

Unknown

Smelting, melting, Refining Furnace
Exemption: Unknown

Biennial Report Information

Total Quantity Reported (Tons): Generated: 1 Managed: 0 Shipped: 1 Received: 0

Top 10 GM Forms Summary by Largest Quantity of Hazardous Waste Generated (All quantities are in tons)

Generated	Managed	Onsite Management Methods	Shipped	Offsite Management Methods
0	0	ULTRAMATIC FIXER, MIX OF AMMONIUM THIOSULFATE, AMMONIUM THIOCYANATE, ACETIS ACID, SODIUM METABISULFITE	0	H082 - ADSORPTION

EPA Waste Codes: D011

Activity Location: NY Source Type: Notification Seq. Number: 1 Receive Date: 09 FEB 1993

Other/Previous Site Name: TEACHERS INSURANCE & ANNUITY

Location 485 LEXINGTON AVE
Address: NEW YORK, NY 10017

Mailing 485 LEXINGTON AVE
Address: NEW YORK, NY 10017

Contact Person GERARD BYRNES 485 LEXINGTON AVE
For Source (212) 916-5014 NEW YORK, NY 10017
Information

Owner (current) 730 THIRD AVE Type: Private
TEACHERS INS & ANNUITY ASSOC NEW YORK, NY 11017
From: To: Phone: (212) 490-9000

Land Type: Bad code - Non Notifier: No Commercial Availability: Other - U Tsd Date:
Accessibility: No. Employees: State District: NYSDEC R2

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Large Quantity Generator; State:

Transfer Facility: Unknown

Used Oil Activities

Other Hazardous Waste Generator Activities

Used Oil Transporter Activity

Off-Specification Used Oil Burner:

No

Importer Activity: Unknown

Transporter: No

Used Oil Fuel Marketer Activity

Mixed Waste Generator: Unknown

Transfer Facility: No

Marketer who directs shipment
off-specification used oil to
off-specification used oil burner:

No

Transporter Activity: No

Used Oil Processor and/or
Re-refiner Activity

TSD Activity: No

Processor: No

Marketer who first claims the used
oil meets the specifications:

No

Recycler Activity: No

Refiner: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown

Underground
Injection Control:

No

Destination Facility for
Universal Waste:

Smelting, melting, Refining Furnace
Exemption: Unknown

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: D002, D011, X003

RCRA Site Detail

Report run on: August 16, 2004 - 11:07 AM

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* End of Report *

RCRA Site Detail

Report run on: August 16, 2004 - 11:07 AM

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NYD986931939 TEACHERS INSURANCE & ANNUITY

EPA Region 02 Extract Flag: X Facility Identifier: County: NEW YORK

Basic Notes: EXTRACT_FLAG UPDATED OCT 2003 VIA SQL

Universes	Full Enforcement: ----	Subj CA:	Perm Prgrs: ----	Op Pmt GPRA:
Generator: SQG	Operating TSDF: ----	Subj CA TSD 3004:	Perm Wrkld: ----	PClos GPRA:
Transporter:	BOYSNC:	Subj CA TSD Discr:	Clos Wrkld: ----	CA GPRA:
	SNC:	Subj CA Non-TSD:	Pclos Wrkld: ----	CA HE EI:
	Annual BOY Enf:	CA Wrkld:	Controls in Place: No	CA GW EI:

Activity Location: NY Source Type: Implementer Seq. Number: 1 Receive Date: 14 JUL 1999

Other/Previous Site Name: TEACHERS INSURANCE & ANNUITY

Location 485 LEXINGTON AVE
Address: NEW YORK, NY 10017

Mailing 485 LEXINGTON AVE
Address: NEW YORK, NY 10017

Land Type: Bad code - Non Notifier: No Commercial Availability: Other - U Tsd Date:
Accessibility: No. Employees: State District: NYSDEC R2

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State:

Transfer Facility: Unknown

Used Oil Activities

Other Hazardous Waste Generator Activities

Used Oil Transporter Activity Off-Specification Used Oil Burner: No

Importer Activity: Unknown
Mixed Waste Generator: Unknown

Transporter: No
Transfer Facility: No

Used Oil Fuel Marketer Activity

Transporter Activity: No
TSD Activity: No
Recycler Activity: No

Used Oil Processor and/or
Re-refiner Activity

Marketer who directs shipment
off-specification used oil to
off-specification used oil burner: No

Processor: No
Refiner: No

Marketer who first claims the used
oil meets the specifications: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown
Smelting, melting, Refining Furnace
Exemption: Unknown

Underground
Injection Control: No

Destination Facility for
Universal Waste:

Activity Location: NY Source Type: Biennial Report Seq. Number: 1 Receive Date: 12 APR 1994 Report Cycle: 1993

Other/Previous Site Name: TEACHERS ANNUITY ASSN.

Location 485 LEXINGTON AVE.
Address: NEW YORK, NY 10017

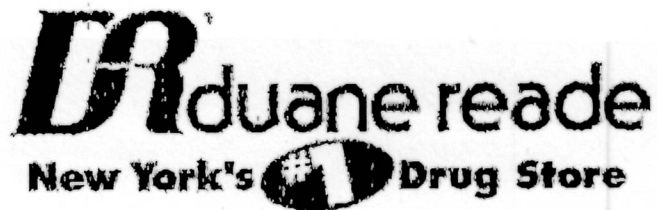
Mailing 485 LEXINGTON AVE.
Address: NEW YORK, NY 10017

Contact Person GERARD BYRNES
For Source (212) 916-5014
Information

Land Type: Bad code - U Non Notifier: No Commercial Availability: Other - U Tsd Date:
Accessibility: No. Employees: State District: NYSDEC R2

NAICS Codes: 524128 Other Direct Insurance (except Life, Health, and Medical) Carriers

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties



DUANE READE DIGITAL ONE HOUR PHOTO CENTER

FROM	TO
Mr. Smith.	Ingrid Sanchez
COMPANY:	DATE:
DEPP, US EPA	12/16/2004
	TOTAL NO. OF PAGES INCLUDING COVER:
	2
PHONE NUMBER:	PHONE NUMBER:
	212-356-6704
FAX:	FAX:
	212-273-2203

☐ URGENT ☒ FOR REVIEW ☒ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

FACSIMILE REQUEST AND COVER SHEET



U.S. Environmental Protection Agency
Region 2
22nd Floor
290 Broadway
New York, New York 10007-1866

TO: JOANNE

OFFICE:

PHONE: (212) 273-5700 EXT 5784

FAX: (212) 273-2202

FROM: CARRIE B. SMITH

OFFICE: DEPP-RPB

PHONE: (212) 637-4112 **MAIN PHONE NUMBER (212) 637-4106**

FAX: (212) 637-3056

DATE: December 07, 2004

SUBJECT: 8700-12

NUMBER OF PAGES (INCLUDING COVER SHEET) 2

Message: THERE IS AN EPA NUMBER ASSIGNED TO THIS LOCATION SITE NAME IS TEACHERS INSURANCE & ANNUITY IF THEY ARE STILL AT THIS LOCATION YOU MUST GIVE US THE GEOGRAPHICAL LOCATION OF YOUR COMPANY IN THE BUILDING FOR EXAMPLE :FLOOR NUMBER IS IT THE NORTH OR WEST SIDE OF THE BUILDING ETC

<http://www.epa.gov/epaoswer/hazwaste/data/form8700/forms.htm>